

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

TO: COURT ALTERNATIVES
Second Judicial District Court
PO Box 488
Albuquerque, NM 87103

RE:

ARBITRATOR'S COMPENSATION REQUEST/WAIVER

Initial appropriate paragraph.

____ Pursuant to local rule, I request compensation of \$100.00 for my services as a Court-appointed arbitrator in the above-referenced case, to be mailed to the address a below.

____ I waive compensation authorized by local rule for my services as a Court-appointed arbitrator in the above-referenced case.

Optional, collected for statistical purposes.

I spent ____ hours providing notice, reviewing the file and other preparation;
____ hours in motions, hearings and other pre-trial hearings;
____ hours in hearing on the merits or trial;
____ hours making my decision and preparing the award;
= ____ TOTAL HOURS on the case.

I held a total of ____ hearings. My usual hourly rate is \$ ____.

Signature _____
Name typed/printed _____
Law Firm _____
Address _____

Phone _____

Please note: If this is the first time you have billed the Court for service of any kind, you will also need to complete a Substitute W-9 before the court can begin to process this request for compensation. We will provide you with a Substitute W-9 upon request. Please call 505-841-7412.

ARBITRATION CLERK'S VERIFICATION

ENTITLEMENT DATE _____ EVENT _____
DATE _____ LEGAL ASSISTANT'S INITIALS _____
STATISTICAL DATE ENTERED _____ DATE _____ LEGAL ASSISTANT'S INITIALS _____
APPT. DATE _____